

DEC 16 2004

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 057909-0110CH	
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> [37 CFR 1.8(a)]  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 703-972-9306, on December 16, 2004.  Signature: <u>[Signature]</u> Name: <u>Shoshone Abdulharris</u>		In re Application of Peter E. Prevelige, Jr.  Application Number <u>09/800,240</u> Filed <u>March 6, 2001</u> For: <u>Method Of Monitoring HIV Assembly And Maturation</u>  Group Art Unit <u>1648</u> Examiner: <u>Jeffrey S. Parkin</u>	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and appropriate entity fee are as follows (check time period desired):  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$1210)  <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)  <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)  <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1560)  <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)                         </div> <div style="text-align: right;"> <u>450.00</u>        </div> </div> <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> A check to cover the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u> . I have enclosed a duplicate copy of this sheet.  <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>  I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>[Signature]</u>                          Signature  <u>Scott J. Hawranek (Reg. No. 52,411)</u>                          Typed or printed name                     </div> <div style="text-align: center;"> <u>December 16, 2004</u>                          Date  <u>202-585-8000</u>                          Telephone Number                     </div> </div>			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

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